

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ORAL MEDICINE DISPENSER

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application
Serial No. _____
on _____,
and was amended
on _____ (if applicable).
- ☐ was filed as PCT international application
Number _____
on _____,
and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
Great Britain	9914621.9	June 23, 1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PCT	PCT/GB00/00821	March 8, 2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration numbers):

THOMAS M. GALGANO, Registration No. 27,638

DANIEL P. BURKE, Registration No. 30,735

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Direct Telephone Calls to:
(name and telephone number)
(631) 582-6161

201	FULL NAME OF INVENTOR	FAMILY NAME CLARK	FIRST GIVEN NAME MALCOLM	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY BARNET	STATE OR FOREIGN COUNTRY HERTS ENS 4 DU	COUNTRY OF CITIZENSHIP GREAT BRITAIN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 17 GRANVIELLE ROAD	CITY BARNET	STATE & ZIP CODE/COUNTRY GREAT BRITAIN, UK
202	FULL NAME OF INVENTOR	FAMILY NAME CROFT	FIRST GIVEN NAME BRUCE	SECOND GIVEN NAME CAMERON
	RESIDENCE & CITIZENSHIP	CITY CRANBROOK	STATE OR FOREIGN COUNTRY KENT TN17 3JX	COUNTRY OF CITIZENSHIP GREAT BRITAIN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS FLAT B. STR. DUSTINS VIEW, CARRIERS ROAD	CITY CRANBROOK	STATE & ZIP CODE/COUNTRY GREAT BRITAIN, UK
203	FULL NAME OF INVENTOR	FAMILY NAME DAVIES	FIRST GIVEN NAME GEORGE	SECOND GIVEN NAME CALVIN
	RESIDENCE & CITIZENSHIP	CITY RR3 CHOMBERG	STATE OR FOREIGN COUNTRY ONTARIO LOG 1TO	COUNTRY OF CITIZENSHIP GREAT BRITAIN, UK
	POST OFFICE ADDRESS	POST OFFICE ADDRESS SUNNIFELD FARM	CITY RR3 CHOMBERG	STATE & ZIP CODE/COUNTRY GREAT BRITAIN, UK

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE

PATENT APPLICATION TRANSMITTAL LETTER
ATTORNEY'S DOCKET NO.: 1032-42(s)

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith for filing is a patent application of: CLARK ET AL.

For: ORAL MEDICINE DISPENSER

JC458 U.S. PTO
10/026852
12/21/01

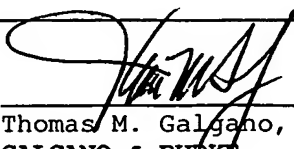
Enclosed Are:

- ☒ 10 page specification
☐ with attached signed Declaration/Power of Attorney
☒ with attached unsigned Declaration/Power of Attorney
☐ sheet(s) of formal drawings(s)
☒ 1 sheets(s) of informal drawings(s) (FIGS. 1-5)
☐ an Assignment Recordation Form Cover Sheet and Assignment of the invention to:
☐ Priority is claimed under 35 USC 119 for the following application(s):
☐ a certified copy of the aforesaid application(s) with Claim of Priority Cover Letter is enclosed.
☒ a certified copy of the aforesaid application(s) will be forwarded in due course.
☒ Preliminary Amendment
☐ Information Disclosure Statement with PTO Form 1449 and copies of ____ references.

CLAIMS AS FILED

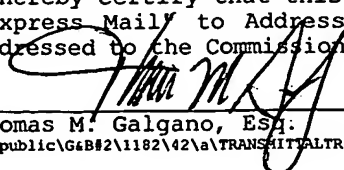
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
	TOTAL CLAIMS 10 - 20	0 X \$ 9.00	\$ 0.00	\$-0-
	INDEPENDENT CLAIMS 2 - 3	0 X \$ 40.00	\$ 0.00	\$ -0-
BASIC FEE-	\$710			
REDUCED FEE-	\$370	<input checked="" type="checkbox"/> Independent Inventor	<input type="checkbox"/> Small Business Concern	\$370.00
TOTAL FILING FEE				\$370.00

- ☐ Applicant claims Small Entity Status
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, except for the Base Issue Fee, or credit any overpayment to Deposit Account No. 07-0130. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$370.00 is enclosed. This check covers:
☒ the filing fee
☐ the filing fee and the Assignment recordal fee.
- ☐ Other: _____


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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail" to Addressee service under 37 CFR 1.10, on the date indicated above, and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231, December 21, 2001.


_____, December 21, 2001
Thomas M. Galgano, Esq.
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